

## **MEM-CL-Lock-in Provider Selection and Change**

### **Purpose:**

Members enrolled in Lock-in (LI) will have LI providers with whom their Medicaid services will be restricted, selected for them by the LI Coordinator. The Lock in (LI) Coordinator will recruit providers to be the member's Lock-in provider based off recent claims information. If the Member does not wish to keep the selected provider's, members have an opportunity to choose the providers with whom their Medicaid services will be restricted. Designated Lock-in providers can be changed only for good cause. The Department of Human Services (DHS) rules are used to determine ability of member to secure a change in providers.

### **Identification of Roles:**

- **Lock-in (LI) Coordinator-** Reviews claims for provider selection, recruits providers as needed, reviews member reason for requested provider change and makes determination of acceptance.
- **Clinical Operations Manager-** Assists in recruitment of providers as needed.
- **Administrative Assistant-** QA's letters and emails the proper DHS Imaging Center

### **Performance Standards:**

On a quarterly basis, report the Member Health Education Program (MHEP) and LI program savings and a quarterly measurable growth rate from pre-enrollment to post-enrollment for LI members. Outline the methodology for this analysis based on claims data to a level of detail that enables the Department staff to substantiate the reports content.

### **Path of Business Procedure:**

Step 1: After making the determination that the member is to be enrolled in the Lock-in Program, the LI Coordinator will select a provider for each of the areas of concern as applicable for the member.

- a. Primary Care Physician
- b. Pharmacy
- c. Hospital Emergency Room
- d. Specialty Physician-when applicable

Step 2: The LI Coordinator will make the selection based on frequency of utilization of the provider by the member, or recent utilization and/or closest geographic location shown on reviewed claims. The LI Coordinator will verify which hospital the primary care physician has privileges at prior to selecting a LI Hospital.

Step 3: The LI Coordinator will contact the selected primary care physician, the pharmacy, and the specialty physician telephonically to verify willingness to participate as restricted providers for the member.

- a. The LI Coordinator will verify the providers address and find the correct Medicaid number associated with the provider at the correct location.
- b. The identified providers will be entered into Social Services Number Information (SSNI).
- c. Follow the procedure MEM-Updating SSNI procedure.

Step 4: The LI Coordinator will promptly respond to all telephonic inquiries by members and providers. ALL details of the conversation must be logged in the note section of the member's record in C3. The LI Coordinator will enter the following information:

- a. Type of activity
- b. From/To
- c. Contact
- d. Reason
- e. Subject
- f. Note provider's willingness to participate and document in C3 who authorized approval at office

Step 5: Members have 10 business days from the date on the Notice of Decision (NOD) to notify the LI Coordinator if they wish to change their designated providers. During this time, the LI Coordinator will make changes in designated providers as directed by the member.

- a. The LI Coordinator will enter any changes to LI providers including provider name, ID, and effective dates into C3 notes section and SSNI following the procedure for MEM-Updating Member Lock-in SSNI Procedure.

Step 6: If a provider declines to participate, the LI Coordinator will secure another provider and inform the member by telephone of the change.

- a. If there are no providers in the specific geographical area of the state that are willing to participate, the LI Coordinator through Microsoft Outlook e-mail will notify the Clinical Operations Manager who will escalate as needed.

Step 7: A member may call a LI Coordinator to request a change in providers during the course of his/her LI period. The member must contact the LI Coordinator directly by telephone.

Step 8: The LI Coordinator will review the request to ensure that it is compliant with the following DHS rules:

- a. The LI provider refuses to continue to treat the member
- b. The physician moves or retires
- c. The member moves further than 30 miles away from the LI provider

Step 9: If the provider change meets the above criteria, the LI Coordinator will confirm by telephone the new provider's willingness to participate and send *Letter 18, Provider Change*, to the following people:

- a. Member
- b. Old Providers
- c. New providers
- d. DHS Imaging Center will receive an emailed copy

Step 10: During the course of a member's enrollment in the LI program, a provider may request removal as the restricted provider for a member. The LI Coordinator will send *Letter 16, Provider Termination* to the following people:

- a. Member
- b. Old Provider

Step 11: The Coordinator will recruit a replacement provider. Members have 10 days from the date on Letter 16, Physician Termination, to select a new provider.

Step 12: The Coordinator will enter all changes to providers in SSNI.

Step 13: The Coordinator will enter details of the contact into C3 including:

- a. Type of activity
- b. From/To
- c. Contact

- d. Type of Letter (if applicable)
- e. Reason
- f. Subject
- g. Notes

**Forms/Reports:**

NA

**RFP References:**

6.5.6

**Interfaces:**

MMIS

SSNI

OnBase

C3

Data Warehouse

**Attachments:**

NA